Congenital Teratoma of Nasopharynx

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Teratomas are congenital tumours which occur rarely in head and neck. Germ cell tumours arising primarily in head and neck account for approximately 5% of all gonadal and extragonadal germ cell tumours in children. The most common location in head and neck is cervical region followed by nasopharynx. They present almost exclusively in neonates form pedunculated or sessile masses causing obstruction of the nasopharynx. Clinical problems include difficulty in breathing, sucking or swallowing.

We report a case of nasopharyngeal teratoma for its huge size, rarity of its incidence and occurrence at an unusual site.

Case Report

A mature aged primipara had no antenatal check up. She came to hospital with obstructed labour and an emergency casesarean section was done to deliver a male still born baby with a large mass coming out through mouth measuring 15 x 11 x 8 cms. An autopsy was performed. The mass was arising from sphenoid bone externally and on the cut surface the mass was partial solid and cystic. Microscopy revealed skin with adnexa, fibrous tissue muscle, adipose tissue, cartilage bone and glands representing all the three germ cell layers.

Discussion

The origin of the term from Greek 'Teraton' or monster reflects a capacity for uncoordinated growth both tumoral and malformative (1) As defined by Willis Teratomas are true neoplasms composed of multiple tissues foreign to the part in which they arise. Based on etymologic derivation the term teratoma denotes disorderly or monstrous growth but does not stipulate which or how many germ layer derivatives must be represented (2)

Teratomas have been classified into 4 types based on the number of germ cell layers represented and the differentiation of tissues. The dermoids are composed of only epidermal and mesodermal elements (2). Teratoids are poorly differentiated

tumours containing 3 germ cell layers. The true teratomas are well differentiated tumours containing all 3 germ layers. The epignathi are gross maldevelopment of organs and limbs and are rarely compatible with life.

Microscopic examination shows a variety of tissues from the three germ cell layers with a wide range of cellular differentiation and variable degree of maturation (3). Our case is an example of benign mature true teratoma showing all 3 germ layers.

Fig. 1 Showing a large mass coming out through the mouth cavity

The two most prevalent theories of histogenesis are (1) origin from primordial germ cells in their course of migration during embryogenesis (2) origin from totipotential embryonic cells that have escaped regulatory influences (2).

Where as teratoma elsewhere in the body usually show a predilection for females those in the head and neck reveal an equal sex distribution (3). Our case was teratoma in a male child.

Grossly teratomas may be solid or cystic. They may be benign or malignant. Histologically they may be mature or immature. In contrast to adult teratomas childhood teratomas are invariably benign despite the presence of immature elements.

The differential diagnosis of nasopharyngeal tumours in infants includes craniopharyngioma, chordomas, encephalocoeles, hamartomas, rhabdomyomas, gliomas (3)

Treatment consists of surgical excision.

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